



**Second Chance Hearing Center, Inc.**  
**3180 Willow Lane, Ste 218**  
**Thousand Oaks, CA 91361**

**Phone: (805) 870-4498**  
**Fax: (805) 870-4625**

As a patient of Second Chance Hearing Center, Inc. there will be times when the providers and staff may need to contact you by phone to remind you of an appointment, relay test results, etc. This enables us to communicate with you in a more efficient manner.

**1. I may be contacted in the manners listed below as needed. Select all that apply.**

- ☐ My Home - you may leave a detailed message
- ☐ My Home - do not leave a message
- ☐ My Work - you may leave a detailed message
- ☐ My Work - do not leave a message
- ☐ My Cell - you may leave a detailed message
- ☐ My Cell - do not leave a message

**2. I authorize the release of information including the diagnosis and the records of any treatment or examination rendered to me. Please include the specific names in which this information may be released by phone or written communication:**

- ☐ Significant Other:
- ☐ Children:
- ☐ Caregiver:
- ☐ Doctor/s:
- ☐ Other:
- ☐ Information is not to be release to anyone. We still have an obligation to release your records in cases of the law or emergency medical treatment.

Additional Comments:

**3. Patient Name and Date of Birth: (required)**

Patient/Guardian Signature (Use mouse cursor to draw signature in the panel below)

[Clear]